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ABSTRACT

This guide presents an overview of marketing and its potential value in continuing education programs for nurses. The first portion of the guide briefly discusses the concept of marketing. It contains definitions of key marketing concepts (product, place, price, and promotion), discussion of the basic tenets of marketing (consumer needs orientation, integrated marketing, and customer satisfaction), and steps for conducting a marketing audit (marketing environment, system, and activity reviews). The second portion covers marketing continuing education for nurses. It contains a detailed description of a sample marketing audit conducted at a fictitious university. Topics covered in the environment-review section of the audit include market segmentation by type of position, interest area, and demographics; the university and its publics; continuing education and its publics; oncology (by position and place of employment and by practice area and needs of practitioner); gerontology (by position and place of employment and by practitioner and needs); symptoms and contributing factors and identification of problems of burnout; and helping the family support system. Appendixes contain an area needs analysis and a needs assessment for nurse practitioners. A selected annotated bibliography is provided. (MN)

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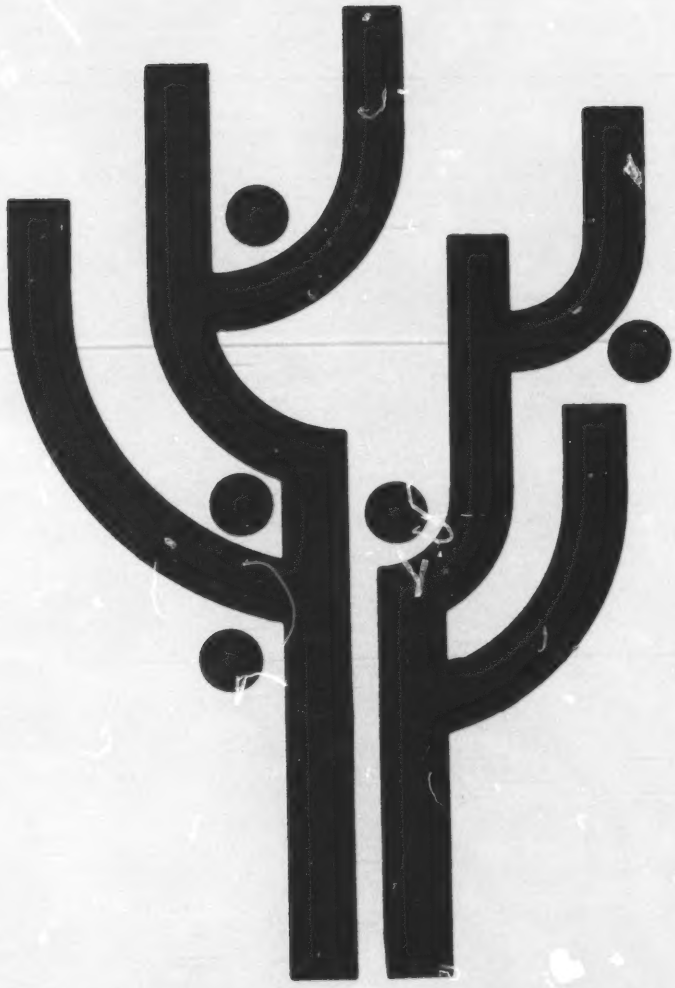

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Marketing Continuing Education for Nurses

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Foreword

This publication presents an overview of marketing and its potential value in continuing education programs for nurses. Marketing theory and practice began and reached its highest level of development in the business sector; however, during the last decade these concepts have been actively applied in public and nonprofit sectors. Marketing is especially relevant in health professions as consumers of health services, practitioners, and regulatory bodies influence the increased demand for continuing learning experiences.

The project staff hopes this publication will prove helpful to persons who are applying marketing concepts in their continuing education programs and offerings for nurses. It represents one of the several approaches that can be used effectively.

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Marketing: An Overview

Proper use of the marketing concept allows an organization to stop guessing about the needs of its constituents, or for that matter, to stop guessing who its constituents are, and base its decisions on quantitative, reliable information. Nonprofit organizations have tended to view marketing in terms of selling, influencing, and persuading.[1] Although vastly different notions about the meaning and worth of marketing persist today, more persons now look upon marketing as an organizational and managerial technique that can benefit the business and nonprofit sectors of society.

Marketing "makes a vital contribution to the advancement and satisfaction of human needs and wants."[2] More educators in colleges and universities recognize this contribution as they confront a decline in student enrollments, financial problems, and changes in student populations. Some educators are becoming more sensitive to the potential benefits of marketing for the institution and the student clientele, though many still maintain marketing is "pure hucksterism" or "merely the application of new words and phrases to well established management procedures."[3]

Marketing is a systematic technique by which an organization or institution: (1) analyzes its goals, resources, and needs of people served; (2) plans and provides services to match the goals, resources, and needs; and (3) conducts regular evaluations to insure continued effectiveness.

The adoption of marketing concepts is not an easy or quick solution to problems. Marketing requires "assessment, planning, sophisticated implementation, and introspection."[4] The addition of a few activities, e.g., marketing research, advertising, customer service, is meaningless if an overall marketing orientation is absent. This orientation depicts the role of the organization as "identifying and serving the evolving needs of its customers."[5] The focus of the organization shifts from internal to external concerns and emphases. Hence, marketing is more than selling and advertising.

The aim of marketing, according to McCarthy, is to make selling superfluous.[6] The product or service sells itself because the producer knows the customer. Marketing, instead of production, determines the products through efficient interpretation of consumer needs. The producer uses reliable and quantitative data rather than guesswork about consumer needs and location to plan and provide needed products and services. Marketing, used responsibly, "can bring great benefits to both the producer-educator and the consumer-student by making possible a continuing lively interaction between them."[7]

Key Concepts

Philip Kotler defines marketing as a "human activity directed at satisfying needs and wants through exchange processes."[8] It is a systematic means of analyzing, planning, and implementing changes that are mutually beneficial to the producer and consumer. Exchange is the central concept in this definition—consumers and producers have something of value to exchange. Marketing occurs when individuals decide to satisfy their needs and wants by using certain products or services. There are four basic marketing variables: product, place, price, and promotion.

Product, the most fundamental marketing variable, refers to any item or service that can be offered to a market. Distinguishing characteristics include its visibility (the tangible product), its benefits (core products), and the totality of benefits and costs (augmented products).

Place refers to the distribution or dissemination of the products and services to the target markets. The accessibility and availability of the product or service to potential consumers help to determine use. Convenience for the consumer and practicality for the organization are crucial factors to be considered.

Price is generally oriented to cost, demand, or competition.

Promotion is that variable which presents persuasive messages to the target markets to create interest or a desire for the product. The key elements of promotion are: advertising, publicity, personal contact, incentives, and atmospherics.

The combination of these variables, commonly referred to as the four "Ps," makes the marketing mix.[9]

The emphasis given any one of the basic marketing variables determines the marketing style of an organization. For example, an aggressive style emphasizes promotion. The hard-sell tactics inherent in this style are generally associated with industry; however, these tactics are used by some nonprofit organizations. At the other extreme is the minimal marketing style where the quality of the product or service is the main emphasis. A balanced style combines the four basic marketing variables (the four "Ps") in an appropriate marketing mix to assure the right product to a consumer in the most convenient place at a price that is right for the producer and fair to the consumer.

Basic Tenets

Three basic tenets underlying a thoughtful, concerned, and responsive marketing plan are: consumer needs orientation, integrated marketing, and consumer satisfaction.[10]

Consumer Needs Orientation

Acceptance of a "wholehearted customer orientation" is the first and most important step in marketing, asserts Montana.[11] All personnel in an organization influence the degree to which this premise is enacted. Customer needs are especially relevant in higher education where educators can no longer rely upon a minimal marketing style or prescribe the conditions and persons to be educated. Instead, they have to consider who wants an education and the conditions the learners prefer.

Integrated Marketing

Marketing cannot be restricted to select groups. Everyone in an organization is involved in varying degrees. Therefore, educating personnel in all units to "think customer" enhances marketing efforts.

Customer Satisfaction

A producer strives to promote satisfaction. The credibility of an organization is an important factor in consumer satisfaction. Kotler suggests that consumers "will give their greatest support and loyalty to the seller who gives them the greatest satisfaction."[12] The benefits of a product or service are crucial elements.

The Marketing Audit

The marketing audit is the initial step in the application of a market oriented approach within an organization. This audit consists of three interrelated steps that evaluate the marketing environment, the marketing system, and the marketing activity.[13]

Marketing Environment Review

This step of the marketing audit identifies the main environmental factors that affect an organization, i.e., markets, consumers, competitors, and social forces or other publics. This review specifies each group, its needs, and how the needs can be met best. The environment review helps an organization to:

Segment each market, i.e., the specification of all actual or potential buyers of a product,[14] according to geographic or demographic dimensions or needs, attitudes, and behavior patterns;

Prepare a market grid, i.e., an illustration of market segments that identifies the needs, perceptions, and preferences of consumers in each market;[15]

Identify the major competitors and competitive trends, i.e., other organizations producing (or capable of producing) similar services or products;

Position services or products in the field of competition;

Specify those social forces or other publics that affect the organization, its markets, and competitors, e.g., government, the economy, technology.

Marketing System Review

The system review is a form of self-analysis that helps an organization to:

Assess its purposes and goals;

Identify available human, physical, and financial resources;

Identify capabilities and limitations.

Marketing Activity Review

The activity review is an analysis of how well an organization conducts specific marketing activities. It helps an organization to assess:

Techniques used to develop the right product or service;

Methods used to promote the product or service;

Place where the product can be obtained;

Price of the product.

In sum, two benefits accrue from marketing. First, it increases consumer satisfaction as a result of delivering the product or service needed to a targeted group. Second, an organization improves its efficiency in planning and implementing its activities.

Marketing Continuing Education for Nurses

The following quote from a paper presented by Frances P. Koonz, Director of Continuing Education, University of Maryland School of Nursing (Baltimore), attests to the relevance of applying marketing concepts in continuing education for nurses:

> . . . the continuing education movement has mushroomed nationwide and a variety of providers outside the collegiate setting, with varying degrees of expertise in nursing education, have been selling their wares in the continuing education market. In short, a quiescent voluntary opportunity of only a few years ago has erupted as the vanguard of an age of accountability in nursing. I speak, of course, of the effort toward mandatory continuing education as a prerequisite for nursing relicensure that is currently operative in some 13 states and which must bear some responsibility for the smorgasbord of continuing education opportunities available to nurses today. Yet, in some geographical areas and among some groups of nurses, meaningful continuing education relevant to practice is still unobtainable. Consequently, the delivery of continuing education and the inherent inequities need careful scrutiny by nursing educators in all settings.[16]

The mandates for professional accountability and competency increase the need for efficient and high quality continuing education programs and offerings. Marketing concepts can help nurse educators meet the challenges inherent in the mandates.

The following hypothetical situation describes the application of marketing concepts in a continuing education program for nurses. (Programs and offerings are used interchangeably by some nurse educators. The terms are distinguished in this publication as follows: a *program* is a separate and identifiable unit within the organizational structure of a nursing program that, under the direction of a designated person, focuses on continuing education for nurses; and *offering* is one segment of a continuing education program that may consist of a single experience or activity or a series of experiences.)

Application of Marketing Concepts at University A

The continuing education program in the College of Nursing at University A conducted an audit, using the three interrelated steps described earlier. The recently appointed director for the program recommended an audit to determine current needs of the nurses in the state. This director was concerned about the role of the university in continuing education and its "fit" with other groups or institutions in the marketplace of continuing education for nurses. The director introduced the marketing concept to the total faculty of the College of Nursing. The dean of nursing and most faculty in the graduate and undergraduate nursing programs supported the idea of a marketing audit, though a few believed it was just another self study.

Realizing that the School of Business Administration at University A offered a major in marketing, the director of the continuing education program and dean of nursing asked the professor responsible for the courses to assist them in planning and implementing the marketing audit. The professor agreed and involved several senior students who used this opportunity to fulfill the requirements for a practicum. These students, under the guidance of the professor and the director of the continuing education program (who held a doctorate in nursing with a cognate in marketing and adult education), played a vital role in the

development and implementation of plans for the marketing audit. Their contributions were invaluable as the nurse faculty discussed and considered the basic tenets of marketing and the potential benefits for consumers and the program.

As the audit proceeded it became apparent that more was involved than "another study" or the introduction of "some new terms." Faculty in the College of Nursing had to think about their perceptions and values concerning the marketing concept, the adult learner, and continuing education.

The Marketing Audit

Environment Review

An appointed task force made a detailed assessment of the environment in which University A is located (and serves). This was an important first step because it forced the group to affirm a consumer needs orientation and to "think consumer." This review helped the task force to specify the markets, publics, consumers, and competitors of the continuing education program for nurses at University A as well as other variables that influenced the program.

Markets. The market of primary concern for this audit was the registered nurse population. This population was a heterogeneous group that was segmented into submarkets of more homogeneous groupings. The task force used the discrete characteristics of the nurses to segment the overall market. The diverse expertise of the task force was an asset during the "brainstorming" sessions in which market segmentation occurred. Among the segmenting variables were type of position, interest area, and demographics. Figures 1, 2, and 3 are examples of the market segments developed by the task force. The proportion of nurses in each segment of the total market was approximately that illustrated in Figures 1 and 2. For example, the staff nurse population was larger than the nurse populations for other positions.

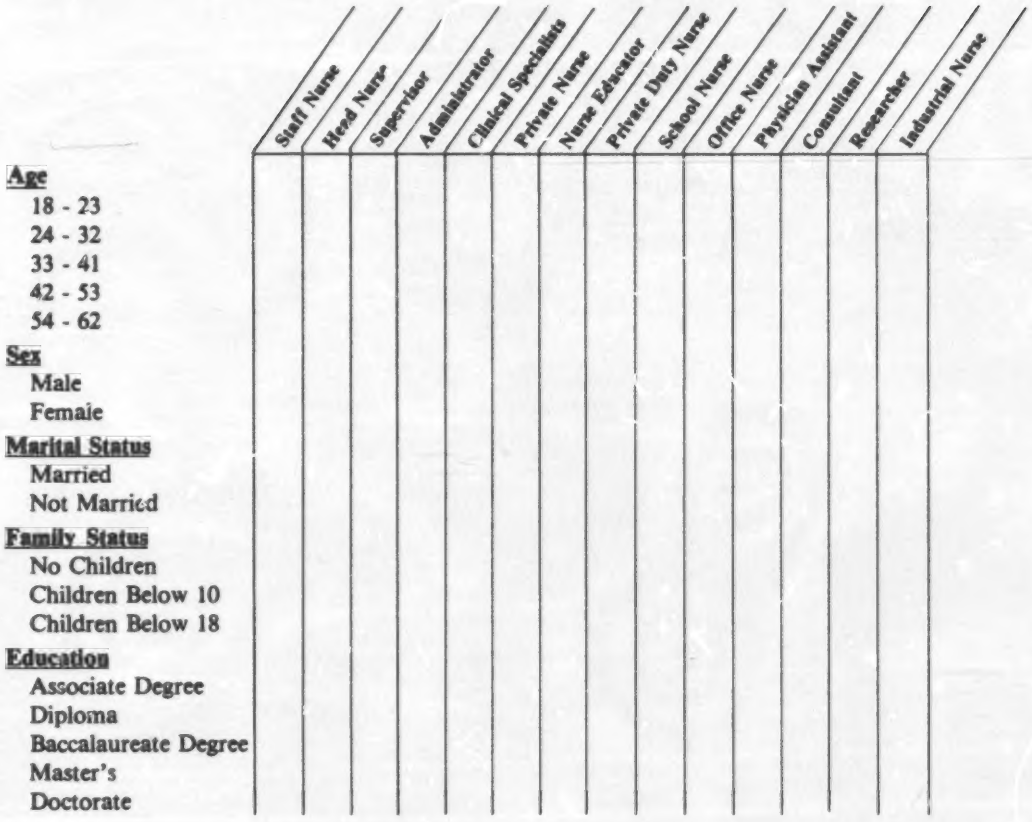
Figure 1
Market Segmentation By Type of Position

Staff Nurse	Supervisor
	Administrator
	Clinical Specialist
	Private Nurse Practitioner
	Nurse Educator
	Private Duty Nurse
	School Nurse
	Office Nurse
Head Nurse	Physician Assistant
	Consultant
	Researcher

Figure 2
Market Segmentation By Interest Area

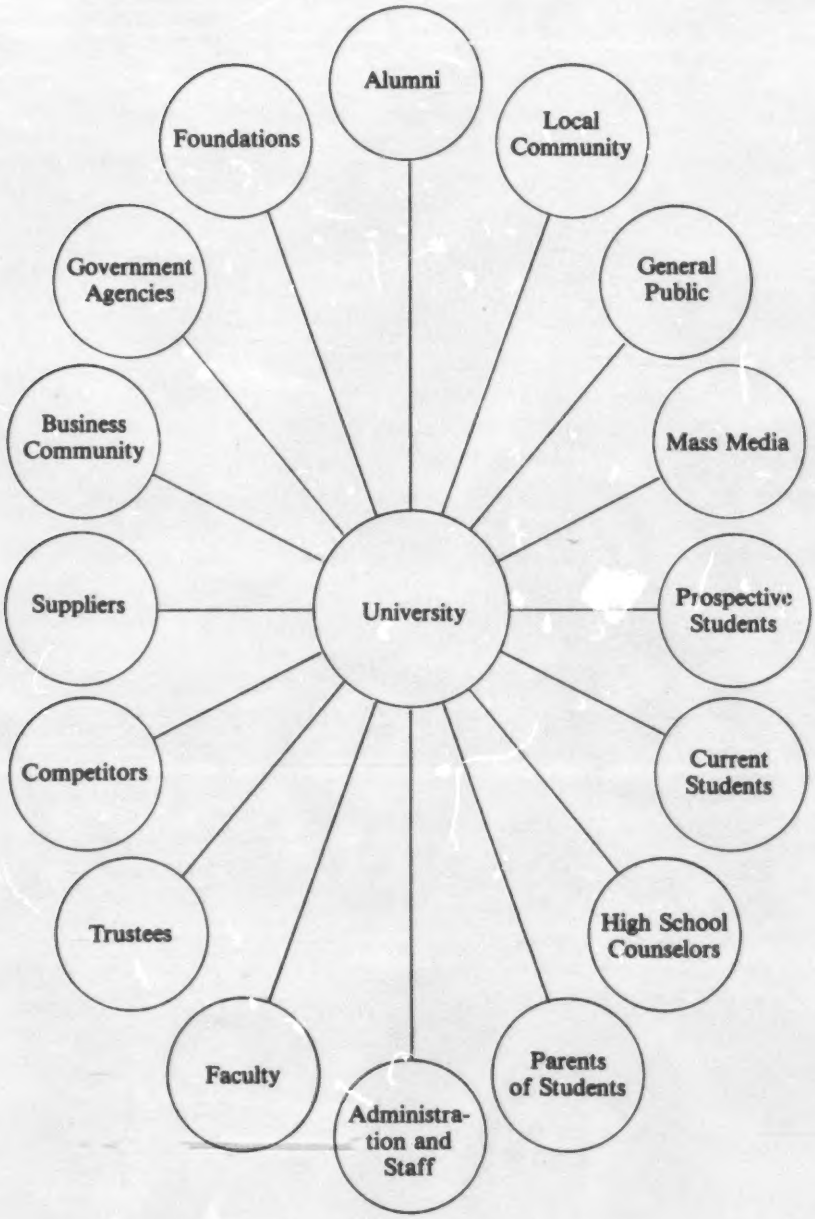
<table>
<tr><td rowspan="2">Medical</td><td>Surgical</td></tr>
<tr><td>Public Health</td></tr>
<tr><td>Critical Care</td><td rowspan="4">Genitourinology
Gynecology
Ear, Eyes, Nose, Throat
Oncology
Operation Room
Neurology
Orthopedics
Cardiovascular
Surgical Specialties</td></tr>
<tr><td>Maternity</td></tr>
<tr><td>Pediatrics</td></tr>
<tr><td>Psychiatric</td></tr>
<tr><td>Nursing Education</td><td rowspan="2">Special Services
Red Cross — Peace Corps
Outpatient — Tuberculosis
Clinics — Hemodyalysis
Rehabilitation — Office Nursing
Instructional — Occupational Health
Church — Blood Bank</td></tr>
<tr><td>Geriatric (Long Term)</td></tr>
</table>

Figure 3
Market Segmentation By Demographics



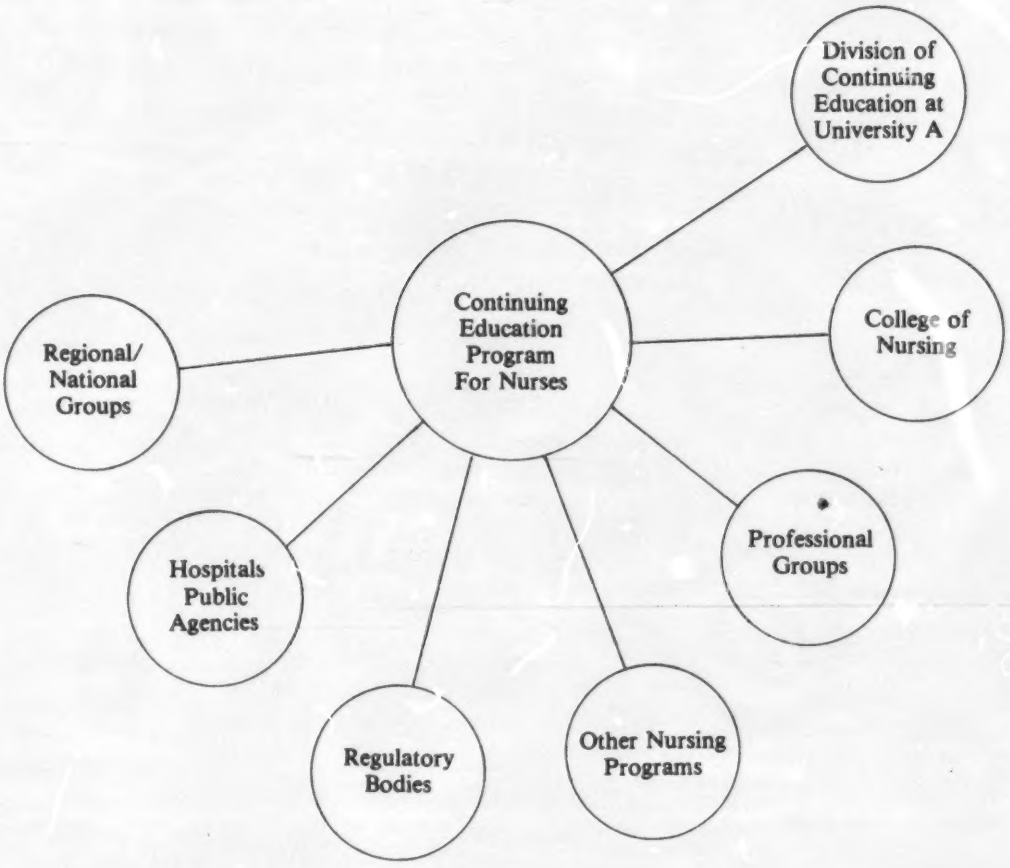
Publics. As an integral part of the College of Nursing and University A, the continuing education program was affected by the same publics. Figure 4 diagrams some of the publics the task force discussed. Several publics specific to the continuing education program for nurses were identified. Figure 5 depicts these publics.

Figure 4
The University and Its Publics



Philip Kotler, *Marketing for Nonprofit Organizations,* ©1975, p. 18. Reprinted by permission of Prentice-Hall, Inc., Englewood Cliffs, New Jersey.

Figure 5
The Continuing Education Program and Its Publics



Consumers. The task force realized the identification of the needs, perceptions, preferences, and satisfactions of the consumers, i.e., the registered nurses, was vital to marketing a successful continuing education program. Thus, the task force reviewed all available data on the consumers (and potential consumers) of offerings provided by the program at University A. The director coordinated several focus groups, i.e., small groups of six to eight nurses in different work settings who shared reactions about the continuing education program at University A and their particular needs. Their reactions and the results of needs assessments were important determinants in specifying consumer needs. (Samples of the needs assessment forms used by the task force are in Appendix A and B.) The task force prepared several market grids for identified target markets. Examples of grids for two of the identified target markets—the nurses who worked in the oncology and gerontology clinical areas—are illustrated. These grids do not represent an exhaustive listing of the segmenting variables. The task force segmented the market according to the position and place of employment and the practice area and needs of the practicing nurses. Figures 6 and 7 refer to the oncology specialty area; figures 8 and 9 relate to gerontology.

Figure 6
Market Grid: Oncology
(By Position and Place of Employment)

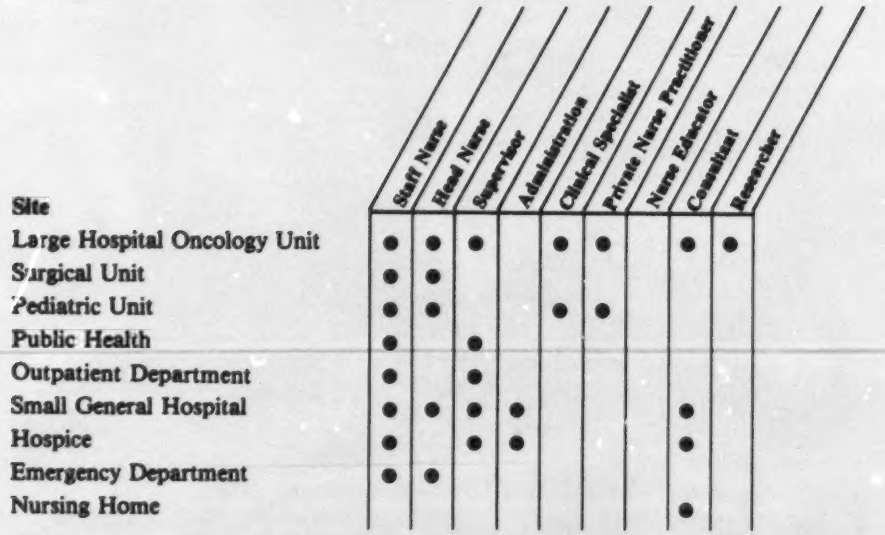


Figure 7
Market Grid: Oncology
(By Practice Area and Needs of Practitioner)

Needs	Oncology Unit	Clinical Nurse Practitioner	Surgical Staff	Pediatrics	Research	Office Nurse	Home Care	Public Health	Outpatient	Emergency Room	Nursing Home	Hospice
Pharmacology Measures	●	●	●	●	●		●	●	●		●	●
New Pharmacology	●	●	●	●	●			●	●			●
Theory of Death and Dying	●	●	●	●			●	●		●	●	●
Application of Death and Dying Theories	●	●	●	●			●			●	●	●
Nursing Measures and Treatment	●	●	●	●					●			●
New Treatment	●	●	●	●	●				●			●
Support in Dying												
Resource Locator	●	●	●	●		●	●	●			●	●
Family Support	●	●	●	●		●	●	●			●	●
Nurse Burnout	●		●	●					●		●	●
Working Together with Referrals												
Maximizing Quality of Life												
Promoting Health												
Nutrition												
Exercise												
Religion												
Death Plans												
Support Social Groups												
Facts and Fantasy About Cancer												
Promoting Body Image												
Controversial Treatment/ Quackery												
Stages of Illness												
Legal and Ethical Issues												
Pain vs Addiction												

Figure 8
Market Grid: Gerontology
(By Position and Place of Employment)

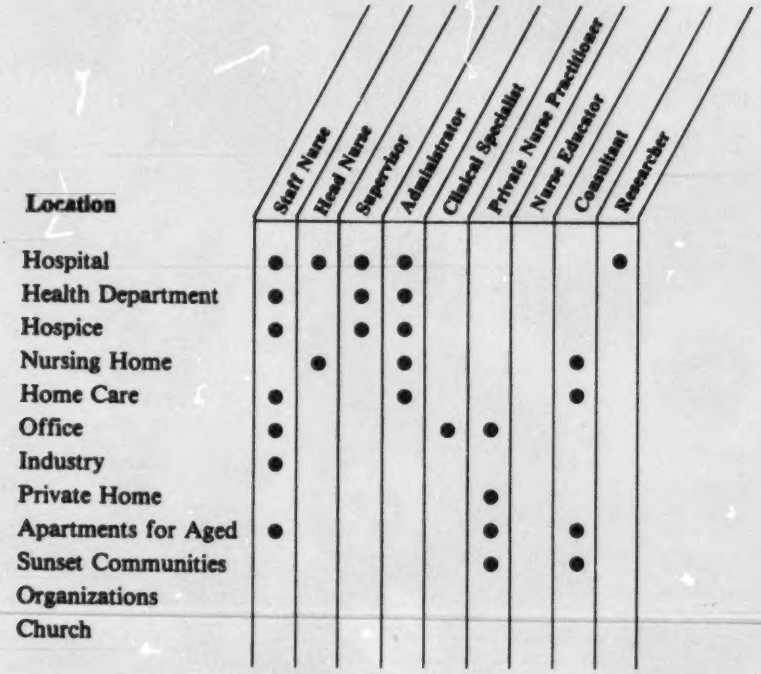


Figure 9
Market Grid: Gerontology
(By Practitioner and Needs)

Several nurses in the focus groups were interested in burnout and the family support system. Data from other consumers confirmed an interest in these topics. Therefore, the task force members set up grids for these areas. Figures 10, 11, and 12 depict some of the variables used. The three-dimensional grid (see figure 10) identifies the symptoms of burnout as well as those factors contributing to its development.

Figure 10
Market Grid: Burnout
(Symptoms and Contributing Factors,

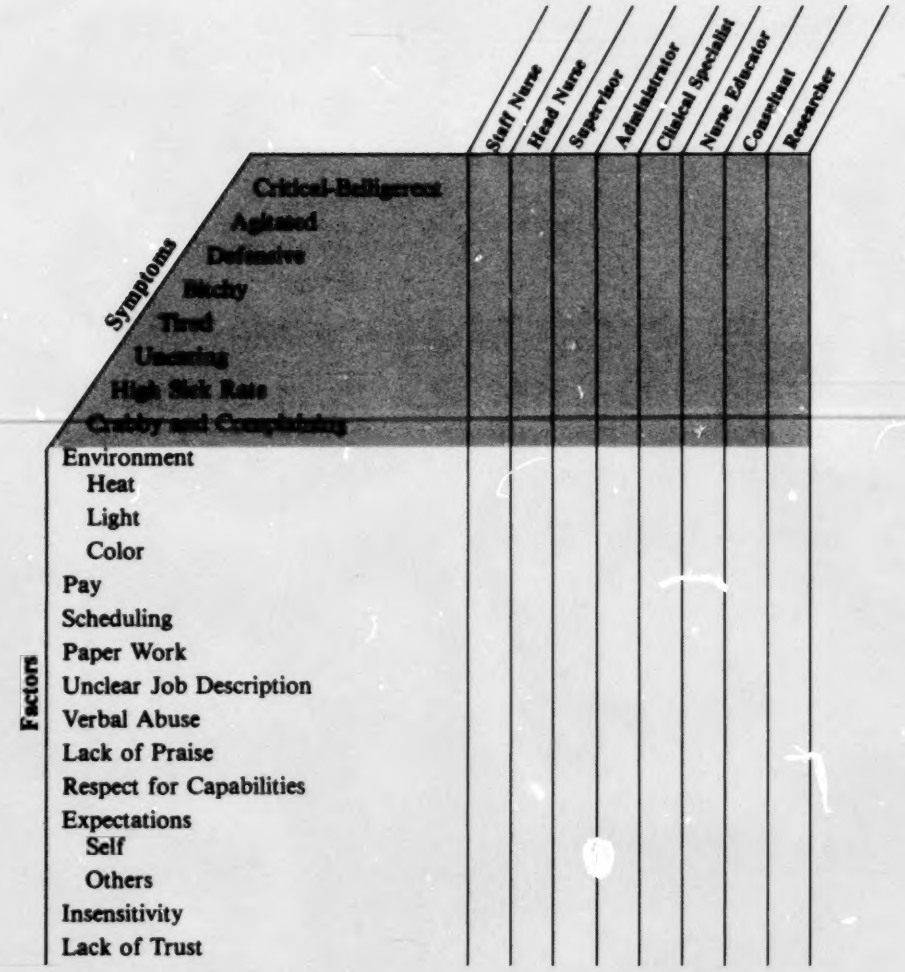


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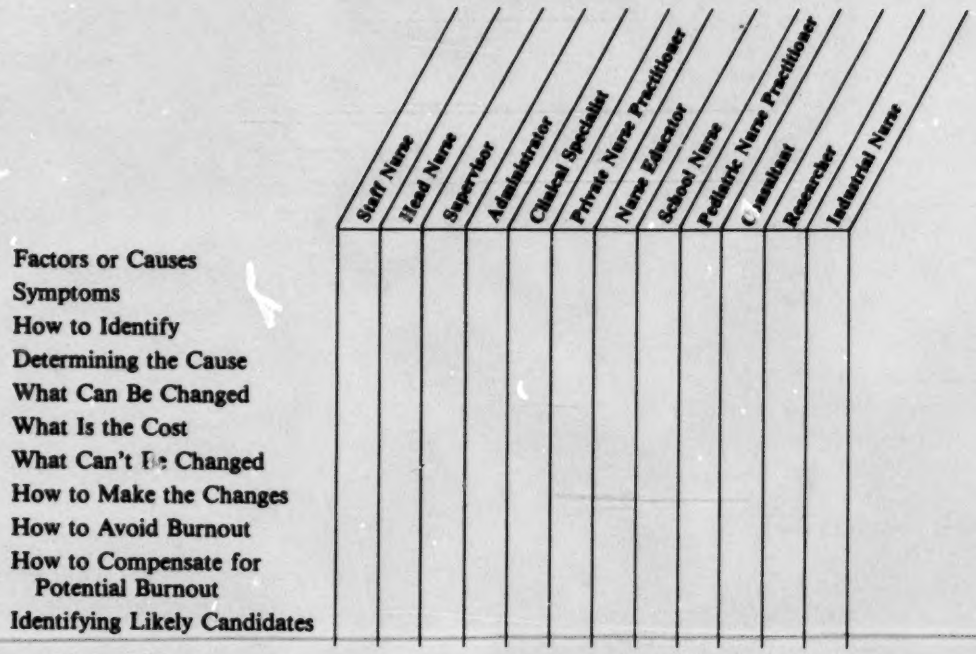
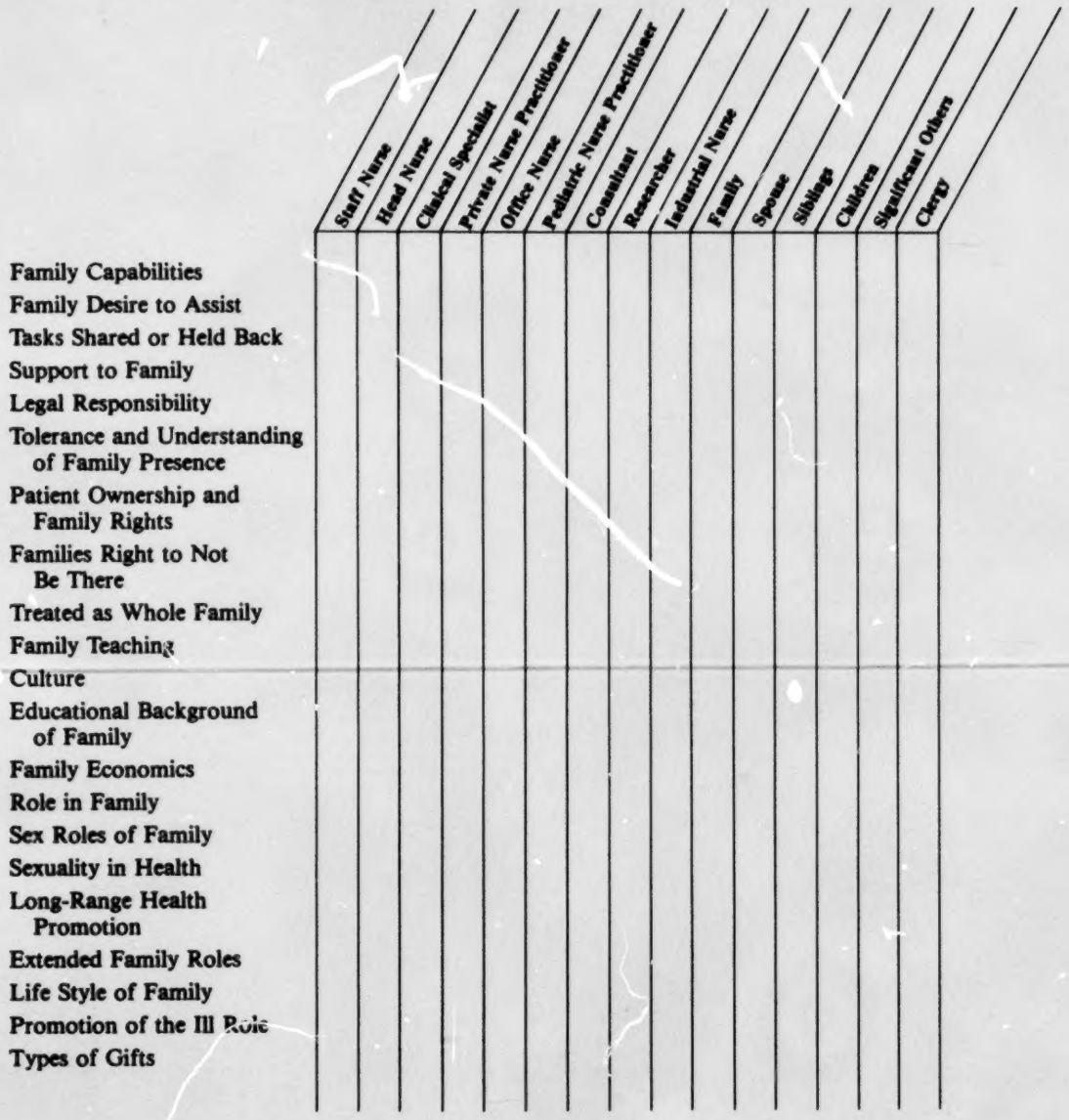
Figure 11
Market Grid: Burnout
(Identification of Problems)



The grids helped the task force to visualize the market and the identified needs. The information was useful in planning offerings, promoting the services (products), and placing and pricing the services according to the target markets. In essence, the information helped the nurse educators in the continuing education program at University A develop an appropriate marketing mix. The staff was aware of the consumer needs, wants, and location.

Competitors. The task force identified other groups or programs in the state and surrounding areas that provided continuing education offerings for registered nurses. There were nine baccalaureate, ten associate degree, and one diploma nursing programs involved in continuing education activities for nurses. In addition, staff development programs sponsored some continuing education offerings in many of the urban hospitals. The state nurses' association, the state league for nursing, several private entrepreneurs, and two Area Health Education Centers also conducted activities in varying degrees. The Division of Continuing Education at University A was a competitor in a sense because it included the nurse market in some of its offerings related to communication and management skills.

Figure 12
Market Grid: Helping the Family Support System



The staff of University A's program discussed the target markets it could reach and the kinds of offerings it could provide most efficiently. Some discussions related to the unique role of University A and its appropriate "fit" in the marketplace of continuing education for nurses. No pat solutions were expected. However, the discussions helped to set the stage for the formation of a statewide coordinating council. A diagram, showing the location of the area's programs and agencies involved in the continuing education marketplace, provided a framework for establishing mechanisms of collaboration and cooperation among

the varied groups. The marketers of continuing education for nurses considered ways to collaborate and build upon the identified strengths of each marketer rather than competing in ways detrimental to consumer and provider.

Other Variables. Some factors affecting a continuing education program for nurses are not classified as markets or competitors. These are the uncontrollable variables that cannot be ignored in program planning and implementation. Among the "uncontrollable variables" identified by the task force at University A were: nurse shortages, economic constraints in employing agencies, concerns about mandatory education for relicensure, state appropriations for continuing education, consumer expectations. The task force realized the delivery of services appropriate to the needs of the target markets was dependent upon these variables.

System Review

The system review, the second important step of the audit, was a self study of the continuing education program at University A. This self analysis included an examination of all facets of the University and the College of Nursing as they related to the continuing education program for nurses. It identified the relationship between the structural units and how the relationships were manifest throughout the academic community. (The continuing education program for nurses was established two years ago.)

The review of the program goals and objectives helped the nurse educators in the continuing education program to reassess their beliefs and values about adult education, the adult learner, and the role of the university in meeting the specified needs. University A "is charged with the responsibility of serving the state and its citizens by making available the various types of education necessary to meet the challenges of a changing world and providing a climate of learning that will help students avail themselves of these educational opportunities." The College of Nursing accepts the purposes and philosophy of University A and believes its responsibilities are education, research, and service. Its continuing education program provides diversified offerings to help practicing nurses develop new skills, relationships, and interests for self improvement, and to advance a commitment to professional competence through educational enrichment.

The task force also analyzed the available resources of the continuing education program. The program, located in the College of Nursing building, had access to the classrooms, library resources, and clinical facilities used by the graduate and generic nursing programs. There was office space for the faculty and staff. Conference rooms were also available for staff use.

The staff consisted of the director, two part-time instructors, and a secretary. The director hoped to increase the staff. The program used a number of consultants and non-nurse faculty, as appropriate, to conduct some offerings. An advisory board met with the staff at intervals to offer suggestions about program planning. Members included representatives from the University, College of Nursing, and several agencies.

The program was supported primarily by federal funds and fees collected from the participants. It had its own budget for operational expenses. The director hoped to augment the financial base with funds from other sources. It was doubtful that the College of Nursing could include the total personnel costs and other operating expenses in its budget.

The system review helped the task force identify the potential of the program to meet the needs of the target market. In assessing the physical, human, and financial resources of the program the task force noted the strengths and weaknesses of the program. The review provided information that could maximize the delivery of high quality continuing learning experiences for nurses. For example, the task force recommended that the continuing education staff narrow its target market to segments that could not be served as effectively and ef-

ficiently by other marketers. Among the target markets were nurse educators, administrators, staff development directors, and selected clinical specialty areas.

Activity Review

This stage of the audit directed attention to the quality of the marketing activities performed by the continuing education program at University A. The task force used the four basic marketing variables, i.e., product, price, place, and promotion.

Product. The task force reviewed the number of offerings, the diversity of the offerings, and their relatedness to consumer needs. The analysis showed the program had scheduled 30 offerings during the previous academic year. At least seven were postponed because of low registration; three due to weather. Several offerings duplicated those provided by other marketers. The need for coordination with other providers was evident.

Price. The task force determined that the fees were fair and competitive. Fees, evaluated annually, were based upon standard costs. The staff grouped offerings according to several classifications, e.g., the method of instruction, the subject matter, number of participants, objectives, and determined the actual cost for providing the offering. This base, with adjustments for inflation, became the standard for determining the fees.

Place. Most of the offerings were held at the University. Space was usually available in the College of Nursing. If space was unavailable, arrangements were made with local hotels. A few offerings had been provided off-campus in nearby communities.

The analysis suggested the "place" was not always accessible to the designated target market. And, it increased costs for some consumers who had to travel and plan for overnight lodging. In addition, some offerings conflicted with other meetings. The task force recommended the maintenance of a calendar of national, regional, and local events to minimize such conflicts.

Promotion. The program relied primarily upon brochures to attract consumers. Some of the brochures placed more emphasis on the features of an offering, i.e., faculty or location, than on the benefits. A few brochures lacked good design and format. The director of the program pointed out the key to good advertising is knowing the consumer and the benefits of the program. Advertising based on this knowledge is persuasive. The director exhorted the staff to realize that advertising was an investment, not an expense. Therefore, cutting corners on advertising was hazardous to a program.

The task force discussed some alternative approaches—announcements in the University alumni newsletter, and radio and television announcements. However, these media might not reach the target group. Therefore, direct mailing was considered the best means of "advertising the product." The director knew the purchase of a direct mailing list was not feasible due to budgetary constraints; however, the program had begun to develop a mailing list that could be expanded and updated. The task force recommended the distribution of a yearly calendar of offerings. This distribution would be followed by a mailing of brochures specific to each offering to selected target markets.

The marketing audit helped the continuing education staff at University A redirect their thoughts about expanding services for nurses. The staff recognized the need to capitalize on those activities they do best in meeting the needs of target markets.

Summary

This brief introduction to the marketing concept and a scenario of application in a hypothetical continuing education program for nurses illustrate some of the techniques nurse educators can use to develop offerings that will provide dual benefits—for consumers and for the program. Nurses will benefit from a service or offering that relates to their identified needs instead of those speculations or particular interests of faculty. The program will realize benefits through:

Development of services that "sell." The analysis of consumer needs determines strategic marketing options. It provides answers to some key questions regarding the type and nature of services as well as the market forecast. In addition, it helps to determine if a program should: (1) serve the continuing education needs of a small or large target market; (2) be a high or low volume producer; (3) concentrate on general or highly specialized programs; (4) produce, distribute, or facilitate offerings; or (5) serve as a broker for offerings originated by other marketers.

Provision of services congruent with program goals and mission. Resources are available for efficiently conducting offerings that meet both consumer needs and the overall goals and objectives of the institution.

Positioning the program in the marketplace of continuing education for nurses. The "fit" and role of the program among other marketers are specified. This knowledge facilitates collaboration and cooperation with other marketers to produce high quality offerings. It minimizes unnecessary duplication of services. A program determines what it does best and concentrates on these elements.

Periodic assessments of marketing techniques. The program develops awareness of its efficiency and effectiveness in marketing the services. It examines the marketing mix and the emphasis given each variable, i.e., product, promotion, price, and place. Thus, it is able to compare its market profile over a period of time.

The market for higher education, according to many experts, will be "in the continuing professional education of already well-educated people."[17] The demand for high quality continuing education offerings for nurses will increase. In a time of scarce resources, both human and fiscal, and stress on accountability it is essential that nurse educators in college or university settings take full advantage of available personnel and resources to develop, promote, and deliver offerings specific to the needs of targeted nurse or student populations. These educators cannot afford to "sell" for selling's sake or maintain an orientation toward products that are not determined by need.

Marketing is people-oriented and student-centered.[18] That concept must be thoroughly understood. Otherwise, implementation will fail because of misconceptions that foster the notion that marketing means only zany ads, slogans, and jingles to sell a product or service. The ultimate benefit of marketing continuing education for nurses is improved delivery of health care services.

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Appendix A

Area Needs Analysis*

I. CONTINUING EDUCATION TOPICS

The following is a list of potential topics for continuing education courses. Please rate each topic by circling the point on the scale which best represents the **likelihood of your attendance**, if the course were offered.

The scale is as follows:	Least Likely				Most Likely
	1	2	3	4	5

A. The Nursing Process

1. History taking	1	2	3	4	5
2. Total physical assessment process	1	2	3	4	5
Physical assessment by system					
3. Abdomen	1	2	3	4	5
4. Heart and lungs	1	2	3	4	5
5. Neurologic	1	2	3	4	5
6. Head and neck	1	2	3	4	5
7. Extremities	1	2	3	4	5
8. Planning care	1	2	3	4	5
9. Implementation phase (see section D for detail)	1	2	3	4	5
10. Evaluating nursing care	1	2	3	4	5
11. Nursing audits (JCAH, outcome, process, other)	1	2	3	4	5
12. Other _____					
_____	1	2	3	4	5

B. Effecting Change

1. Assertiveness	1	2	3	4	5
2. Motivating and influencing others	1	2	3	4	5
3. Legal responsibilities	1	2	3	4	5
4. Individual accountability	1	2	3	4	5
5. Nursing audits as basis for change	1	2	3	4	5
6. Nurse-physician roles	1	2	3	4	5
7. Legislative process	1	2	3	4	5
8. Other _____					
_____	1	2	3	4	5

C. Administration

1. Budgeting	1	2	3	4	5
2. Staffing	1	2	3	4	5
3. Quality assurance	1	2	3	4	5
4. Leadership	1	2	3	4	5
5. Management by objectives	1	2	3	4	5
6. The nurse as manager	1	2	3	4	5
7. Primary nursing	1	2	3	4	5
8. Nursing as part of management	1	2	3	4	5
9. Conducting clinical/ administrative studies	1	2	3	4	5
10. Organizational development	1	2	3	4	5
11. Analyzing organizational problems	1	2	3	4	5
12. Other _____					
_____	1	2	3	4	5

D. Care of the Patient

1. Cardiovascular	1	2	3	4	5
2. Communicable diseases	1	2	3	4	5
Critical care					
3. Surgical	1	2	3	4	5
4. Medical	1	2	3	4	5
5. Cardiac	1	2	3	4	5
6. Emergency and trauma	1	2	3	4	5
7. Diabetes	1	2	3	4	5
Pregnancy					
8. Normal	1	2	3	4	5
9. Complicated	1	2	3	4	5
Newborns					
10. Normal	1	2	3	4	5
11. Complicated	1	2	3	4	5
12. Gastrointestinal	1	2	3	4	5
13. Geriatrics/Gerontology	1	2	3	4	5
14. Neurologic	1	2	3	4	5
15. Orthopedics	1	2	3	4	5
16. Cancer/Oncology	1	2	3	4	5
17. Psychiatric/Mental Health	1	2	3	4	5
18. Respiratory	1	2	3	4	5
19. Cultural differences	1	2	3	4	5
20. Patient rights/Consumer advocacy	1	2	3	4	5
21. Rehabilitation	1	2	3	4	5
22. Other _____					
_____	1	2	3	4	5

E. Education

1. Preparing objectives	1	2	3	4	5
2. Designing/conducting evaluations	1	2	3	4	5
3. In-service education/staff development	1	2	3	4	5
4. Curriculum development	1	2	3	4	5
5. Conceptual framework	1	2	3	4	5
6. Exploring faculty roles	1	2	3	4	5
7. Teaching tips	1	2	3	4	5
8. Utilizing audio-visual media	1	2	3	4	5
9. Developing simulations	1	2	3	4	5
10. Clinical teaching	1	2	3	4	5
11. Patient education	1	2	3	4	5
12. Other _____					
_____	1	2	3	4	5

F. Psychosocial Needs of Patients

Abuse victims					
1. Adults (men and women)	1	2	3	4	5
2. Children	1	2	3	4	5
3. Coping with difficult patients	1	2	3	4	5
4. Depressions and suicides	1	2	3	4	5
5. Interpersonal skills	1	2	3	4	5
Counseling skills					
6. General	1	2	3	4	5
7. Drug and alcohol abusers	1	2	3	4	5
8. Crisis intervention	1	2	3	4	5
9. Care of dying patient and the family	1	2	3	4	5
10. Other _____					
_____	1	2	3	4	5

*We are grateful to the Continuing Nursing Education Program at Texas Tech University Health Sciences Center (Lubbock) for permission to use this form.

II. ATTENDANCE FACTORS

A. Miscellaneous Factors

Rate each factor in relation to its contribution to the success of continuing nursing education course. Rate on an importance scale:

	Importance Scale Least				Most
1. Meeting site	1	2	3	4	5
2. Social activities	1	2	3	4	5
3. Meals	1	2	3	4	5
4. Meeting colleagues	1	2	3	4	5
5. Course expenditures	1	2	3	4	5
6. Quality of speaker	1	2	3	4	5
7. Facilities	1	2	3	4	5
8. Course content	1	2	3	4	5
9. Credits earned	1	2	3	4	5
10. Preparation for certification	1	2	3	4	5
11. Other _____	1	2	3	4	5

B. Days of Attendance

Rate each day according to the convenience for you to attend.

	Days Scale Worst				Best
1. Monday	1	2	3	4	5
2. Tuesday	1	2	3	4	5
3. Wednesday	1	2	3	4	5
4. Thursday	1	2	3	4	5
5. Friday	1	2	3	4	5
6. Saturday	1	2	3	4	5
7. Sunday	1	2	3	4	5

C. Hours of the Day to attend Continuing Nursing Education courses

Rate each time period below according to the convenience for you to attend.

	Hour Scale Least Desirable				Most Desirable
1. Morning only	1	2	3	4	5
2. Afternoon only	1	2	3	4	5
3. Evening only	1	2	3	4	5
4. All day	1	2	3	4	5
5. Two successive days	1	2	3	4	5
6. Successive weekly sessions (e.g., 2 hrs/week for 4 weeks)	1	2	3	4	5
7. Other _____	1	2	3	4	5

D. Course Format

Rate each type of course format according to your preference

	Format Scale Least Liked				Best Liked
1. Home study	1	2	3	4	5
2. Conference	1	2	3	4	5
3. Independent study at local media center	1	2	3	4	5
4. Telephone conference	1	2	3	4	5
5. Television conference	1	2	3	4	5
6. Preceptorship (working with nursing faculty member)	1	2	3	4	5
7. Simulation (replication of real life situations)	1	2	3	4	5
8. Other _____	1	2	3	4	5

E. Mode of Financing Continuing Education courses

(Circle appropriate number)

When I attend a Continuing Nursing Education course, my employer usually contributes:

	Course Financing Scale None	Sometimes	Always
1. Release time	1	2	3
2. Travel	1	2	3
3. Registration fee	1	2	3
4. Lodging	1	2	3
5. Meals	1	2	3

F. No Participation

(Check all appropriate responses)

I have not attended Continuing Nursing Education activities because:

1. They are not available in my geographic area. 1 ( )
2. They are not available in my area of nursing practice. 2 ( )
3. No one is available to replace me at work. 3 ( )
4. I don't see the need in relation to my practice. 4 ( )
5. I am not employed. 5 ( )
6. Other _____ _____ 6 ( )

G. Hours Spent in the Past

The approximate number of clock hours I have spent in Continuing Education activities in the past two years is:

(Check appropriate number)

Past two years

1. 1-5 hours 1 ( )
2. 6-10 hours 2 ( )
3. 11-15 hours 3 ( )
4. 16-20 hours 4 ( )
5. More than 20 hours 5 ( )

H. Hours Planned for the Future

The approximate number of clock hours I plan to spend in Continuing Nursing Education activities in the next two years, assuming options are available in the geographic area and my practice areas, is:

(Check appropriate number)

Next two years

1. 1-5 hours 1 ( )
2. 6-10 hours 2 ( )
3. 11-15 hours 3 ( )
4. 16-20 hours 4 ( )
5. More than 20 hours 5 ( )

I. **Related to Your Career Goals**, what type of recognition would you most prefer receiving?
(Check **all** that apply)

1. Contact hours or continuing education units 1 ( )
2. Academic credit toward non-nursing degree 2 ( )
3. Academic credit toward a baccalaureate in nursing 3 ( )
4. Academic credit toward a master's in nursing 4 ( )
5. Academic credit toward a doctorate 5 ( )
6. No preference 6 ( )
7. Other (specify) _____ 7 ( )

J. **How many college** courses have you taken during the past two years?
(Check appropriate number)
Number of Courses

1. 0 1 ( )
2. 1-5 2 ( )
3. 6-10 3 ( )
4. 11-15 4 ( )
5. 16-20 5 ( )
6. More than 20 6 ( )

K. Were these courses (in section J) taken to meet a requirement in a nursing undergraduate program? Yes ( ) No ( )

L. If a baccalaureate program in nursing were available in your geographic area, would you be interested in applying? Yes ( ) No ( )

III. BACKGROUND INFORMATION

Your Academic Preparation
Circle as many as apply.

Nursing	Non Nursing
01 Doctorate	07 Doctorate
02 Master's	08 Master's
03 Baccalaureate	09 Baccalaureate
04 Diploma	10 Associate
05 Associate	
06 Vocational	

Primary Practice Specialty
Circle **best** response.

11 Administration
12 Community Health Agency
13 Education
14 General
15 Geriatrics
16 Medical-Surgical
17 Non-practicing
18 Obstetrics
19 Occupational Health
20 Office Nursing
21 Operating Room
22 Parent/Child
23 Pediatrics
24 Primary Care
25 Psychiatric/Mental Health
26 Other _____

Type of Employment Setting
Circle **best** response.

27 Clinic
28 Hospital
29 Nursing Home
30 Occupational
31 Office
32 Public Health Agency
33 School of Nursing
34 Public Schools
35 Other _____

Present Position
Circle **best** response.

Do you describe yourself within the clinical setting as a

36 Clinical Specialist
37 Clinical Generalist
38 Administrator or Assistant
Educator
39 _____ School of Nursing
40 _____ Inservice/Staff Development
41 Supervisor
42 Head Nurse
43 General Duty/Staff Nurse
44 Consultant
45 Independent Practitioner
46 Other (specify) _____

Demographic data

Sex (Check appropriate blank)
1 Male _____
Female _____

Ethnicity (check appropriate blank)
2 Asian/Pacific Islander _____
Black not of Hispanic Origin _____
White not of Hispanic origin _____
Hispanic _____
Native American Indian/Alaskan _____

Age (check appropriate blank)
3 20-30 _____ 51-60 _____
31-40 _____ 61 & over _____
41-50 _____

4 Employing Agency _____

5 Employer's Address _____

IV. GEOGRAPHIC SITE

Rate your preference in attending CNE courses in the specific cities listed. 1 is highest preference.

01 _____ Andrews
02 _____ Big Spring
03 _____ Kermit
04 _____ Midland
05 _____ Odessa

V. INFORMATION FOR YOU

We would like to send you information about our continuing education activities. If you would like to have your name on our mailing roster, please complete the following section.

Social security number: _____

Your name: _____
Last First Middle (Maiden)

Home address: _____
No. & Street Apt. #

_____
City State Zip Code

_____
Signature

Appendix B

Needs Assessment for Nurse Practitioners*

1. Biographical Data

   Name _____

   Address _____

   _____

   Social Security # _____

   Place of Employment _____

2. What is your present position or practice area? Check one:

   01. Public Health _____
   02. Private affiliated practice _____
   03. Private independent practice _____
   04. Hospital/Nursing Home _____
   05 Administrator _____
   06. Faculty position _____

3. What is your highest attained educational level? Check all that apply:

   1. A.D. _____
   2. B.S.N. _____
   3. M.S.N. _____
   4. P.N.P. _____
   5. F.N.P. _____

4. Do you feel that more than one person from an agency should attend a workshop to facilitate implementation of the concepts and ideas presented?

   1. Yes _____
   2. No _____

5. I am most interested in the design of the individual courses being: (Number from one to three with *one* representing your first choice.)

   ___ Largely practice oriented
   ___ Primarily theoretically oriented
   ___ A combination of clinical practice and theoretical concepts

6. I primarily enjoy courses that are taught using: (Number from one to five with *one* representing your first choice.)

   ___ A lecture approach
   ___ Small group discussions
   ___ Panel presentations
   ___ Audio-visuals
   ___ A combination of the above

---

* *We are grateful to the Continuing Education Program, College of Nursing, University of Kentucky (Lexington) for permission to use this form.*

7. It is possible to get release time from my employer to attend continuing education course offerings.

_____ 1. Never
_____ 2. Less than once a year
_____ 3. Once a year
_____ 4. Twice a year
_____ 5. Three times a year
_____ 6. Four times a year

8. My employer will assist with continuing education expenses.

_____ 1. Never
_____ 2. Rarely
_____ 3. Sometimes
_____ 4. Usually
_____ 5. Always

9. When attending continuing education offerings, I prefer to travel no farther than:

_____ 1. 10 miles
_____ 2. 25 miles
_____ 3. 50 miles
_____ 4. 100 miles
_____ 5. 150 miles
_____ 6. 200 miles
_____ 7. 300 miles
_____ 8. 400 miles
_____ 9. 500 miles

10. My attendance at continuing education workshops would be most likely adversely affected by:

_____ 1. Finances
_____ 2. Release time from work
_____ 3. Family responsibilities
_____ 4. Travel
_____ 5. A combination of the above
_____ 6. None of the above

11. If given the choice, I would prefer to earn continuing education units by: (Number from one to five with *one* representing your first choice.)

_____ Attending workshops
_____ Completing programmed learning units in the *American Journal of Nursing* or other professional literature
_____ Viewing appropriate courses on educational TV
_____ Audio cassettes and slides available for home use
_____ Learning modules available for home use

12. I prefer that continuing education instructors be:

_____ 1. Nurse educators
_____ 2. Clinical experts (a nurse who practices full time)
_____ 3. Physicians
_____ 4. Other Please specify: _____

13. I think the ideal length of time for most continuing education offerings is:

_____ 1. One day
_____ 2. Two days
_____ 3. Three days
_____ 4. Four days
_____ 5. One week
_____ 6. Longer than one week

14. The most convenient time for me to attend a workshop is:

_____ 1. Weekdays
_____ 2. Weekends
_____ 3. Evenings

15. The most convenient month for me to attend workshops is:

_____ 1. January
_____ 2. February
_____ 3. March
_____ 4. April
_____ 5. May
_____ 6. June
_____ 7. July
_____ 8. August
_____ 9. September
_____ 10. October
_____ 11. November
_____ 12. December

16. I would enjoy attending a split-session continuing education course offering (e.g., two-day workshop followed by an assignment or project to be completed in the work situation with a return for group sharing in a follow-up session at a later date).

_____ 1. Yes, definitely
_____ 2. No
_____ 3. Undecided
_____ 4. Impractical in my work situation

17. My interest in continuing education is: (Number from one to six with *one* representing your first choice.)

_____ To meet mandatory CE requirements
_____ To improve clinical expertise
_____ To explore new concepts and ideas
_____ For personal satisfaction associated with new learning
_____ To meet my employer's expectations
_____ For increased job opportunities or professional advancement

Rating Scale

Please use the following scale when rating each course offering. Some of the courses do have overlapping content but not all nurses will attend every workshop. There are some concepts, problems, and concerns common to varied maternal-child health (MCH) problems.

1 This topic is being effectively covered by another continuing education agency in my state.

2 This topic is not a current concern in my state.
3 This course is needed by a *few* special interest MCH nurses in my state. (0-9 nurses)
4 This course is needed by *some* MCH nurses in my state. (10-99 nurses)
5 This course is needed by *many* MCH nurses in my state. (100-499 nurses)
6 This course is needed by *most* MCH nurses in my state. (500-900 nurses)
7 This course is needed by *all* MCH nurses in my state. (over 1,000 nurses)

Suggestions For Course Offerings

TOPIC: Legal Implications for the Nurse Practitioner
CONTENT:
1. Malpractice
2. Quality assurance (accountability)
3. Credentialing
4. Other _____

RATING: _____

Suggested resource persons or presenters _____

TOPIC: Political Action
CONTENT:
1. Effective lobbying
2. Communication
3. Public image
4. Other _____

RATING: _____

Suggested resource persons or presenters _____

TOPIC: Psychosocial Pediatrics
CONTENT:
1. Bonding
2. Growth and Development
3. Sibling Placement
4. Sibling Rivalry
5. Family Counseling
6. Behavior Modification
7. Other _____

RATING: _____

Suggested resource persons or presenters _____

TOPIC: Health Assessment and Management of the Infant
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____

TOPIC: Health Assessment and Management of the Pre-School Child
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Health Assessment and Management of the School-Age Child
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Health Assessment and Management of the Adolescent
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Health Assessment and Management of the Adult Client
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Health Assessment and Management of the Older Client
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Drug Update
CONTENT:
1. Antibiotics
2. Decongestants
3. Contraceptives
4. Vitamins
5. Sedatives/Pain relievers
6. Cardiac drugs
7. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Management of Special Pediatric Conditions
CONTENT:
1. Respiratory problems, otitis media
2. Accidents and poisonings
3. Allergies
4. Skin disorders
5. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Prenatal Maternity Management Update
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Intrapartal Maternity Management Update
CONTENT: Content not developed

RATING: _____

Suggested resource persons or presenters _____

_____

TOPIC: Postpartal Maternity Management Update
CONTENT:
1. Subjective (history or presenting problem)
2. Objective (physical assessment, laboratory data)
3. Assessment (interpretation)
4. Plan (management)
5. Other _____

RATING: _____

Suggested resource persons or presenters _____

_____

TOPIC: Family Counseling
CONTENT:
1. Methods
2. Problems

RATING: _____

Suggested resource persons or presenters _____

_____

TOPIC: Sex Education and Sexual Counseling
CONTENT:
1. Methods
2. Problems

RATING: _____

Suggested resource persons or presenters _____

_____

TOPIC: Health Maintenance Update
CONTENT:
1. New screening procedures
2. Immunizations
3. Patient education
4. Nutritional counseling
5. Other _____

RATING: _____

Suggested resource persons or presenters _____

_____

TOPIC: Emerging Health Care Delivery Systems
CONTENT: 1. Health Maintenance Organizations
2. Home Health
3. Primary Care Centers

RATING: _____

Suggested resource persons or presenters _____
_____

TOPIC: Pertinent Research for the Nurse Practitioner
CONTENT: Content not developed

RATING: _____

Suggested resource persons or presenters _____
_____

Please list other topics you are interested in:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

A Selected Annotated Bibliography

Journals

Barton, David W., ed. "Marketing Higher Education." *New Directions for Higher Education* (Spring 1978).

A collection of seven papers on the role of marketing in higher education. Discusses marketing techniques, such as market segmentation and consumer analysis, and how they are applied in higher education. Also discusses the marketing roles of administrators, recruitment officers, faculty, alumni, and students. One paper describes the current marketing plan of Temple University, discussing objectives, techniques, and results.

Calderon, Jewell R. "Marketing Your Program." *The Journal of Continuing Education in Nursing* (May-June 1978): 12-14.

A discussion of the traditional view of professionals in education and health concerning marketing and the identification of different styles of marketing. The author challenges continuing educators to move toward balanced marketing of programs for nurses.

Comfort, Robert W. "A New Operating Milieu: The Buyer's Market." *Lifelong Learning: The Adult Years* (April 1978): 27.

Suggests looking at adult continuing education as a product in a buyer's market. Presents four questions that should be asked about the consumers of adult education, then lists questions designed to view the product from the consumer's standpoint in terms of quality, assortment, location, and time.

Cooper, Robert G. "Slicing the Big Marshmallow: Finding Your Market Identity in the Field of Continuing Education for Alumni." *Case Currents* (September 1979): 24-27.

Alumni represents a tremendous market opportunity for universities. It is suggested that benefit segmentation—benefits sought or needs of a specific market—be used as a method to subdivide the alumni market in order to identify alumni educational needs and motivations, and benefits they seek.

Fram, Eugene H. and Clarcq, Jack R. "Commercial Marketing Techniques in Continuing Education." *Lifelong Learning: The Adult Years* (September 1978): 26.

Stating that the continuing education administrators and faculty must change their curricula to meet the needs of students and employers, the authors present for curriculum planners what they call a "cybernetic model," which uses a marketing approach. As an illustration they describe a management education case study.

Huddleston, Thomas Jr. "Marketing: The Applicant Questionnaire." *College and University* (Winter 1976): 214-219.

The construction of a marketing research questionnaire is recommended as one way a college can identify its applicant pool market. Included is an outline of information the applicant pool questionnaire might seek and basic criteria for question writing.

Johnson, Dennis L. "Marketing is Not a Dirty Word." *AGB Reports* (March-April 1979): 24-277.

Marketing higher education need not include gimmicks, and promotion is only one segment of such a program. Marketing means understanding the institution's strengths and weaknesses, determining the kinds of students it can best serve, and deciding where these students can be found.

Keim, William A. "Applying Good Sense to Marketing." *Community and Junior College Journal* (November 1979): 10-13.

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Shipp, Travis. "Cost-Benefit/Effectiveness Analysis for Continuing Education." To be published in *The Journal of Continuing Education in Nursing* (Spring 1981).

A discussion of the components of the cost-benefit/effectiveness model and their interrelationships. The author concludes that cost-benefit and cost-effectiveness analysis are valuable evaluative techniques for continuing education.

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Sparks, Jack D. "A Marketing Plan That Works." *AGB Reports* (January-February 1976): 28-35.

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Books

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Aimed specifically at marketing of colleges and universities, translating the techniques of marketing to meet the needs of higher education and its students. Based on the author's experiences in college recruitment at Northwestern University (Illinois). Sections on market analysis, pricing, and promotion, among others. Stresses effectiveness through honesty and openness.

Kotler, Philip. *Marketing for Nonprofit Organizations.* Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1975.

Step by step discussion of the marketing process as it applies to "service" organizations, for instance, hospitals, universities, libraries, churches. Indicates that marketing is based on three premises—finding out what the consumer needs, filling those needs, and directing the entire organization, from clerical staff to president, toward consumer satisfaction.

McCarthy, E. Jerome. *Basic Marketing: A Managerial Approach,* Fifth Edition. Homewood, Illinois: Richard D. Irwin, Inc., 1975.

Thorough introduction to marketing from theory to application. Excellent chapter on market segmentation.

Montana, Patrick J., ed. *Marketing in Nonprofit Organizations.* New York: AMACOM, A Division of American Management Association, 1978.

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Phillips, Milton, ed. *The Marketing Process: A Handbook to Guide the Continuing Higher Education Administrator.* Memphis: Memphis State University, 1977.

A collection of the views and values gleaned from the experiences of a select group of continuing education administrators.

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Contains the major presentations of a conference on marketing held at Memphis State University. Topics range from the conceptual level to strategic approaches for implementation.